PTOISB/22 (11-07)
Approved for use through 11/30/2007 OME 665-10031
US Palent and Tradsmark Office, US DEPARTMENT OF COMMERCE
Under the Papernoris, Reduction Act of 1955, no persons are required to respond to a collection of internation undes of diagnays a valid CMB control number

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2008			Docket Number (Optional) FSP-10002/08	
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)			131	-10002100
Application Number 09/910,520-Conf. #2097			Filed July 20, 2001	
For METHOD FOR DETERMINING PROPER COLOR FOR MAKEUP AND CLOTHING				
Art Unit 3714			Examiner	K. M. Mosser
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.				
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):				
Or	e month (37 CFR 1.17(a)(1))	<u>Fee</u> \$120	Small Entity Fee \$60	\$
Tw	o months (37 CFR 1,17(a)(2))	\$460	\$230	\$
× Th	ree months (37 CFR 1.17(a)(3))	\$1050	\$525	\$ 525.00
Fo	ur months (37 CFR 1.17(a)(4))	\$1640	\$820	\$
Fiv	e months (37 CFR 1.17(a)(5))	\$2230	\$1115	\$
A check in the amount of the fee is enclosed  A check in the amount of the fee is enclosed  A payment by credit card. Form PTO-2038 is attached.  The Director has already been authonized to charge fees in this application to a Deposit Account.  The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number  O7-1180  I have enclosed a duplicate copy of this sheet.  WARNING: Information and this form may become public. Credit card information should not be included on this form. Provide credit card information and suthorization on PTO-2038.  I am the pipicarn/inventor  assignee of record of the entire interest. See 37 CFR 3.71  Statement under 37 CFR 3.75(b) is enclosed. (Form PTO/SB/96)  X attorney or agent of record. Registration Number  43,906				
attorney or agent under 37 CFR 1.34.  Registration number if acting under 37 CFR 1.34.				
THANKIL C			November 29, 2007	
Signature			Date	
Mark D. Schneider Typed or printed name			(248) 647-6000	
Typed or printed name Telephone Number  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representatively) are required. Submit multiple forms if more than one signature is required, see both.  Total of				